

U.S. DEPARTMENT OF TRANSPORTATION  Federal Motor Carrier Safety Administration  Voucher for work performed under provisions of the Federal Aid and Federal Highway Acts, as amended				STATE VOUCHER NO.	
				FMCSA VOUCHER NO.	
APPROPRIATION(S)					
THE UNITED STATES, DR., TO <i>(Insert official or depositary named in project agreement)</i>				PAID BY    (For use of Paying Officer)	
ADDRESS					
STATE			VOUCHER TYPE ( Check Appropriate Block)		
			<b>9 CURRENT BILLING</b>		
VOUCHER PERIOD	FROM		<b>9 OTHER PROGRESS</b>	FMCSA PROJECT NO.	
	TO		<b>9 FINAL VOUCHER</b>		
TOTAL ACTUAL COSTS	TOTAL PARTICIPATING COSTS	PRO-RATA OF PARTICIPATING COSTS CLAIMED FROM U.S.	TOTAL AMOUNT CLAIMED FROM U.S.	LESS PREVIOUS PAYMENTS	NET AMOUNT CLAIMED
<i>I certify that the cost shown in this voucher have been incurred in accordance with terms of project agreements, applicable State and Federal law or regulations, and that no claim has previously been submitted for costs claimed.</i>					
STATE AGENCY		DATE	SIGNATURE OF AUTHORIZED OFFICIAL		
AMOUNT SUBMITTED			I certify that supporting records for costs claimed, and the referenced project (if applicable), have been subject to required reviews, approvals, and inspection by the Federal Motor Carrier Safety Administration and that the amount approved is justly due.          <div style="text-align: center; margin-top: 20px;">           _____            Signature of FMCSA Representative            (Sign original only)         </div> <div style="text-align: center; margin-top: 20px;">           _____            DATE APPROVED         </div>		
ADJUSTMENTS					
AMOUNT APPROVED					

STATEMENT OF COSTS INCURRED UNDER PROJECT AGREEMENT	
Item No.	COMPUTATION OF FINAL VOUCHER CLAIM